## PERSONAL FINANCIAL DISCLOSURE "TIER 2.1"

Fax: 13378962695

	LSA-R.	<u>S. 4</u> 2:1124.2.1			
⊠ORIGINAL REPORT	☐ AMENDE	D REPORT	This Report Cov	ers Calend	er Ven- 20 o.G
☐ I hold multiple offices/posit box is checked, filer must com	tions that fall under	Tier 2.1 and/or wor	ıld require a filing	under Ti	ar 7 Tf41.:-
	31			under 11	c. J. II this
Full Name of Filer: CHARLES H. CH.	ATELAIN	·			
Mailing Address 3501 NW EVANGE	ELINE THRUWAY				
Street CARENCRO				Apt. #	
City		LA .		70520	
		State		Zip Code	
Name of Board or Commission LOU	JISIANA PRISON ENTER	PRISE / LAFAYETTE A	IRPORT COMMISSION	I .	
Date of Appointment 7/25/09 /		ration of Appointmen			
Full Name of Spouse: JESSICA L CH					en en en en
				23	
Spouse's Occupation: HOMEMAKER	i .			endis Des	212 - T
Spouse's Principal Business Addi	ress, if any:			2	One
					<b>THE 19</b>
Street				Suite #	<del>- 11</del>
				ເກີ	H H
City	* ************************************	State		Zip Code	erf
Select One: [(A) I certify that I h	nave filed my federal in	come tax return for the		`	
⊠(A) I certify that I h	nave filed for an extensi	on of my federal incom	previous year.		
				vious year	
7_1(-) × -0×(119 11,000 ) ;;	have filed my state incom	me tax return for the pre	evious year.		
⊠(B) I certify that I h	ave filed for an extensi	on of my state income t	ax return for the previ	ous year.	
I do hereby certify the interest in any entity poses a conflict of interest of the OR	, commact or busit	iess, ot a nersonal i	or financial teletic	anobia el	
I have attached a sta	ttement describing	each conflict and a	ction I am taking	to resolve	or avoid this
		CATION OF ACC			
I do hereby certify that the in	oformation contain			sure for	m je trasa ond
correct to the best of my know	vledge and belief.			JUL 101	wy is fine sinc
Signature of Filer					

## SCHEDULE A EMPLOYMENT INFORMATION

Check if Not Applicable

Please disclose the name of the employer, job title, a brief description of the job description for each full-time or part time employment position neid by the individual or spouse.

⊠Filer □Spouse			TT-N +:	
Employer Name N/A			Full-time	Part-time
		Job Title		
Job Description				
Figure 520			<u> </u>	
□Filer ⊠Spouse			Full-time	Part-time
Employer Name N/A		Job Title		
Job Description				
☐Filer ☐Spouse			Full-time	Part-time
Employer Name		Job Title		
Job Description	. 1			
Filer Spouse			Full-time	Part-time
Employer Name		Job Title	<u></u>	
Job Description	-			
☐Filer ☐Spouse			F	
Employer Name	:	I.L TM	Full-time	Part-time
		Job Title		
Job Description				,
Filer Spouse				
Employer Name		• •	Full-time	Part-time
		Job Title		
Job Description				
			<del></del>	<del></del>

## SCHEDULE B

## INCOME FROM THE STATE, POLITICAL SUBDIVISIONS,

Check if Not Applicable AND/OR GAMING INTERESTS

The name, address, type, and amount of each source of income received by you or your spouse, or by any business in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business, which is received from

the state or any political subdivision (see instructions for examples) as defined in Article VI of the Constitution of Louisiana; services performed for or in connection with a gaming interest as defined in R.S. 18:1505.2L(3)(a).

Note: For this page ONLY, the "amount of income" must be reported as an exact dollar figur

			<del>-</del>
⊠Filer [	Spouse Business	Α	CI. O
Name of Bu	Isiness, if applicable STA	TE OF LOUISIANA - OSUP	nount of Income \$
Name of So	urce of Income BOARD F	EES - LOUISIANA PRISON ENTERPRISE BOARD	
Type of Inc	ome: State		
Address P	O BOX 94095	L_Political Subdivision Gaming Interest	
· · · · · · · · · · · · · · · · · · ·	treet		
В	ATON ROUGE	LA	Suite #
č	ity	LA Service	70804
		State	Zip Code
∏Filer ☐	Spouse Business	Am	ount of Income \$
Name of Bu	siness, if applicable	· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·		
Name of Soi	irce of Income		
Type of Inco	ome: State	Political Subdivision Gaming Interest	
Address		•	
	reet		
	rcet		Suite #
St		Chan	
St		State	Suite #  Zip Code
St C:			Zip Code
St C; □Filer □	ty Spouse Business		
St Ci Triler [] Name of Bus	Spouse Business iness, if applicable		Zip Code
St Ci Triler [] Name of Bus	ty Spouse Business		Zip Code
St Ci Triler [] Name of Bus	Spouse Business iness, if applicable ace of Income	Amo	Zip Code
St  Ci  Filer   Name of Bus  Name of Sou  Type of Inco	Spouse Business iness, if applicable aree of Income		Zip Code
St  Ci  Filer   Name of Bus  Name of Sou  Type of Inco  Address	Spouse Business iness, if applicable aree of Income ome: State	Amo	Zip Code
St  Ci  Filer   Name of Bus  Name of Sou  Type of Inco  Address	Spouse Business iness, if applicable aree of Income	Amo	Zip Code
St  Ci  Filer   Name of Bus  Name of Sou  Type of Inco  Address	Spouse Business iness, if applicable ace of Income ome: State	Amo	Zip Code

#### NOON OWITH

# SCHEDULE C POSITIONS - BUSINESS

Fax: 13378962695

Note: For this page ONLY, the "amount		s a <u>percentage figure</u> .	
⊠Filer □Spouse □Both		Amount of Interest 100	
Name of Business DELTA MEDIA CORPORATI	ON		
Address PÖBOX 159			
Street			
CARENCRO	LA	Suite #	
City	State	70520	
Business Description A DELAWARE CORPO		Zip Code	
DELAWARE CORPC	PRATION		
Nature of Association SHAREHOLDER / DIRECT	OR / OFFICER	·	
	OIT OFFICER		
⊠Filer □Spouse □Both			
Name of Business REALTY ONE, INC.		Amount of Interest 100	
Address 3501 N W EVANGELINE THRUWAY			
Street		Suite #	
CARECNRO	LA	70520	
City	State	Zip Code	
Business Description A LOUISIANA CORPO	<b>₽</b> ΔΤΙΩΝ	S.p. Code	
Nature of Association SHAREHOLDER / DIRECT	OR/ OFFICER		
⊠Filer ⊡Spouse ⊡Both		Amount of Interest 100	
Name of Business DIMENSION ENTERPRISES, L	TD	100	
	10.		
Address 3501 N W EVANGELINE THRUWAY			
Street CARENCRO	Vi-	Suite #	
City	LA	70520	
City	State	Zip Code	

## SCHEDULE C

**POSITIONS - BUSINESS** Check if Not Applicable

The name, address, brief description, nature of association, and the amount of interest in each business in which you or your spouse is a director, The name, address, brief description, nature of association, and the amount of interest in each business in which you or your spouse is a director, of the percent of that business.

AND in which you or your spouse, either individually or collectively, owns an interest which exceeds ten

Note: For this page ONLY, the "amount of interest"

⊠Filer □Spouse □Both		Amount of Interest 100	
Name of Business KADN BROADCASTING, INC.		- 100	~
Address 3501 N W EVANGELINE THRUWAY			
Street			<u> </u>
CARENCRO		Suite #	
City	LA	70520	
	State	Zip Code	
Business Description A DELEWARE CORPORATIO	N .		
Nature of Association Chapters			
Nature of Association SHAREHOLDER / DIRECTOR / OF	FICER		<u> </u>
⊠Filer □Spouse □Both			
<u></u>		Amount of Interest 100	%
Name of Business DELTA COMMUNICATION CORPOR	ATION		
Address POBOX 159	·		
Street			
CARENCRO	1.8	Suite #	<u></u>
City	LA	70520	
Burning B	State	Zip Code	
Business Description A LOUISIANA CORPORATIO	N		
Nature of Association SHAREHOLDER / DIRECTOR / OF			
SCHALL TOLDERY DIRECTOR OF	FICER		
⊠Filer □Spouse □Both			
		Amount of Interest 100	%
Name of Business LAFAYETTE AERO, INC.			
Address 3501 N W EVANGELINE THRUWAY			<del></del>
Street			
CARENCRO	LA	Suite #	
City		70520	
Ducin	State	Zip Code	
Business Description A LOUISIANA CORPORATIO	N		
Nature of Association SHAREHOLDER / DIRECTOR / OFF		<u> </u>	
- CONTRACTOR / DIRECTOR / OFF	-K_ER		

#### KBCA CWTV41 Fax: 13378962695

# SCHEDULE C POSITIONS - BUSINESS

☐ Che	ck if Not Applicable		TOYIS - DOSINESS	,	
The name	address brief decoriors	المرافعين فيلان	and the amount of income	each business in which you or your spouse i	
percent of	vner, partner, member, o Tthat business	r trastee, AND in which ye	ou or your spouse, either individual	each bustness in which you or your spouse it is also interest which	s a director
Note: F	or this page ONLY	the "amount of		The state of the s	CAUCEUS (C)
· · · · · · · · ·		, the amount of three	erest" must be reported :	as a <u>percentage figure</u> .	
⊠Filer	☐Spouse ☐Both				
		· // //		Amount of Interest 49.9	%
Name	FBusiness ABDALLA	'S LAFAYETTE, INC.			
Addres	s 3501 N W EVANGE	INIE PLIDI DACAN			
	Street	INE INKUWAY			
	CARENCRO	5;		Suite #	
			LA	70520	
	City		State	Zip Code	
Busines	s Description A LOU	ISIANA CORPORATI	ON	*	
ļ. :			ON		
Nature o	of Association SHARE	HOLDER / DIRECTOR / C	)FEICER		
<del>:</del>					
⊠Filer	□Spouse □Both				
		· #		Amount of Interest 50	%
Name o	f Business ST MARY B	OULEVARD, LLC		<u> </u>	
Address	3501 N W EVANGEL	INIC THOU DAYAY			
1	Street	INCINKUVAY			
	CARENCRO			Suite #	
	City		LA	70520	
	City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	<del></del>
Business	Description A LOU!	SIANA LIMITED LIAE	BILITY COMBANY	•	
		- LINE	MET I COMPANY		
Nature of	f Association MEMBE	R/MANAGER			
· ·					
⊠Filer	☐Spouse ☐Both				
	, '. I			Amount of Interest 50	%
Name of	Business NETWORK 1	ELEPHONE AND TELEG	RAPH LLC		
	3501 N W EVANGELI				
	Street	THOWAT			
	CARENCRO			Suite #	
	·		LA	70520	
	City	'	State	Zip Code	
Business	Description A LOUIS	SIANA LIMIKTED LIA	ARII ITY COMBANY		
,			SPIELLI COMITAINT		
Nature of	Association MEMBER	MANAGER			
	······································				

## SCHEDULE C

Fax: 13378962695

Check if Not Applicable	FOSTITONS - BUSINESS		
The name address brief dancing y			
officer, owner, partner, member, or trustee. A	of association, and the amount of interest in	each business in which you or your spouse i idually or collectively, owns an interest which	s a directo
Note: For this passes.	- sa wanter for ox your spouse, earner indiv	idually or collectively, owns an interest which	exceeds to
Note: For this page ONLY, the "am	count of interest" must be reported	as a <u>perc</u> entage figure.	
Filer Spouse Both		Amount of Interest 50	0.
Name of Business HI HEELS, INC.		~	
<del></del>			
Address 3501 N W EVANGELINE THRU	WAY		
Street			
CARENCRO	LA	Suite #	
City		70520	
	State	Zip Code	
Business Description A LOUISIANA L	IMITED LIABILITY COMPANY		
	<u> </u>		•
Nature of Association MEMEBER / MAN	AGER		
Filer Spouse Both		Amount of Late	
Name of Passage Manager		Amount of Interest 50	%
Name of Business WAREHOUSE ENTER	PRISES, LLC		
Address 3501 N W EVANGELINE THRU	WAY		
Street			
CARENCRO		Suite #	
City	LA LA	70520	
	State	Zip Code	
Business Description A LOUISIANA LI	MITED LIARILITY COMPANY		
	TO COMPANY		
Nature of Association MEMBER / MANAG	GER		
			_
⊠Filer □Spouse □Both			
		Amount of Interest 100	%
Name of Business FAR HORIZON, LTD.			
Address 3501 N W EVANGELINE THRU	AVAV		
Street Street	WAT		
	· · · · · · · · · · · · · · · · · · ·	Suite #	
CARENCRO	LA	70520	
City	State	Zip Code	
Business Description A LOUISIANA CO		*	
The standard of the standard o	DAFORATION		
Nature of Association SHAREHOLDER / [	NIPECTOR / OFFICER		
S. MILLIGEDER / L			

## SCHEDULE C POSITIONS - BUSINESS

Check if Not Applicable	COSTITIONS - BUSINESS		
The name, address, brief description			
The name, address, brief description, nature of asso- officer, owner, partner, member, or misted AND in vercent of that business.	clanon, and the amount of interest in each by which you or your spouse, either individually	usiness in which you or your spouse is	s a directo
ericent of mat ousiness		or powerent, owns an interest which	exceeds te
Note: For this page ONLY, the "amount	of interest" must be reported as a g	<u>ercentage figure.</u>	
□Filer ⊠Spouse □Both			
		Amount of Interest 16.67	%
Name of Business GEORGE R. LANDRY FAMIL	LY, LLC	- <del></del>	
Address 156 GRAND AVE.			
Street			
LAFAYETTE		Suite #	
City	LA	70503	
	State	Zip Code	
Business Description A LOUSIIANA LIMITI	ED LIABILITY COMPANY		
<u> </u>			
Nature of Association MEMBER			
Filer Spouse Both		Amount of Interest	%
Name of Business			
Address			
Street		Suite #	
City	State	Zip Code	
Business Description		•	
Nature of Association	-		<del></del>
			<del></del> -
Filer □Spouse □Both		Amount of Interest	
Name of Business			%
Address	•		
Street		Suite #	
		Sujte #	
City	State	Zin Cod-	<b>_</b>
3	State	Zip Code	
Business Description			
Nature of Association			

# SCHEDULE D POSITIONS - NONPROFIT

Li Check if Not Applicable		
the name, address, brief description of, and	nature of association with a nonprofit organization in	which you of your spouse is a director
⊠Filer □Spouse		The special is a director of officer
Name of Organization TALENTS MINIS	STRY INC	
Nature of Association ORGANIZER	<del></del>	
Address 3501 N W EVANGELINE THR	UWAY	
Street		
CARENCRO	ŁA .	Suite #
City	State	70520
Organization Description A LOUISIAI	NA NON-PROFIT CORPORATION	Zip Code
⊠Filer □Spouse		
Name of Organization LOUISIANA PRIS	ONS CHAPEL FOUNDATION, INC.	
Nature of Association DIRECTOR		
Address 527 NORTH BLVD		
Street		
BATON ROUGE	LA	Suite # 70802
City	State	Zip Code
Organization Description A LOUISIAN	IA NON-PROFIT CORPORATION	Zip Code
Filer Spouse		
Name of Organization		
Nature of Association		
Address		
Street		
		Suite #
City		
Organization Description	State	Zip Code
S. S		

#### SCHEDULE E OTHER OFFICES/POSITIONS

## Check if Not Applicable

Please set forth below any and all other office/positions held which would require multiple filings under Section 1124.2.1 (Tier 2.1) report shall be filed by the filer and such report shall be filed under the highest Tier (with Tier 1 being the highest, then Tier 2, then

NAME OF POSITION O	R OFFICE HELD:	
		<u> </u>
		<u> </u>
	1	
		<u> </u>

#### SCHEDULE F CONTRIBUTIONS

	C2 1	- col			:
Ш	Спеск	IX Not	Applicat	le	

Any filer required to file a La R.S. 42:1124.2.1 personal financial disclosure statement and who is appointed to a state board or commission and who made a contribution in excess of \$1,000 to a campaign of the official who appointed the filer shall disclose; 1) the date of appointment; 2) any compensation provided for such position; 3) the name of the candidate to whom a contribution or loan in excess of \$1,000 was made; and 4) the amount of any such contribution or loan.

\* Only those contributions of loans made within one (1) year of appointment are required to be disclosed.

\* See the instruction page for applicable definitions

The state of the s	termittons.
Date of Employment: 7/25/09 LPE	Candidate Name: BOBBY JINDAL
Salary: \$0.00	Amount of contribution or loan: \$5,000.00
Date of Employment: 7/25/09 LPE	Candidate Name: REP PARTY OF LA
Salary: \$0.00	Amount of contribution or loan: \$5,000.00
Date of Employment: 7/25/09 LPE	
Salary: \$0.00	Amount of contribution at 1
	Amount of contribution or loan: \$5,000.00
Date of Employment	Candidate Name:
Salary:	Amount of contribution or loan:
Date of Employment:	Candidate Name:
Salary:	Amount of contribution or loan:
Date of Employment:	Candidate Name:
Salary:	Amount of contribution or loan: